

For Office Use Only			
_____ IV-D Number	___ Locate Only	___ Child Support	___ Medical Support

**APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCMENT
PART I: APPLICANT INFORMATION**

Please complete the following information about yourself, each non-custodial parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance completing this information, please contact the Moore County Child Support Enforcement Office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT IDENTIFYING INFORMATION
Your name First _____ Middle _____ Last _____ Suffix _____ Maiden Name _____ Other names used _____ Date of Birth _____ Race _____ Sex _____ Social Security # _____ Mailing Address: Street _____ City _____ County _____ State _____ Zip Code _____ Physical Address: Street _____ City _____ County _____ State _____ Zip Code _____ Home Phone: _____ Work Phone: _____ May we contact you at work? _____

APPLICANT INCOME INFORMATION															
Employer's name and address: _____ _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Income</th> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px; font-size: small;">List all sources in monthly gross amounts</td> </tr> <tr> <th style="text-align: center; padding: 5px;">Amount</th> <th style="text-align: center; padding: 5px;">Source</th> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px; text-align: right;">Total</td> </tr> </table>	Income		List all sources in monthly gross amounts		Amount	Source	\$ _____	_____	_____	_____	_____	_____	\$ _____	Total
Income															
List all sources in monthly gross amounts															
Amount	Source														
\$ _____	_____														
_____	_____														
_____	_____														
\$ _____	Total														

Federal Benefits? Yes ___ No ___ If yes, check all that apply: Social Security ___ VA ___ Railroad Retirement ___ Civil Service ___ Postal ___ Military ___ Retirement ___ Other _____	Unemployment? Yes ___ No ___ Other Income: Please list source and amt: _____
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LIST THE NAME(S) OF THE NON-CUSTODIAL PARENT FROM WHOM YOU NEED SUPPORT	
1 _____	3 _____
2 _____	4 _____

Please check the type of service(s) you are requesting: Locate only ___ Support ___ Medical ___

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief. My signature on this document constitutes a contract and authorizes the Child Support Enforcement Agency to provide necessary and appropriate child support services on my behalf.

Applicant's Signature and Date

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART 2: CHILD(REN) INFORMATION**

Complete the following information for each child.

CHILD(REN) INFORMATION			
Child's Name		Child's Non-Custodial Parent	
First _____	Middle _____	Last _____	Suffix _____
Date of Birth _____	Race _____	Sex _____	Social Security # _____
Relationship to you: Child _____ Other (specify) _____			
Birthplace: _____			
City	County	State	
Where was the child conceived? (City and State) _____			
Was the child born out of wedlock? Yes _____ No _____			
Father named on the child's birth certificate:			
First _____	Middle _____	Last _____	Suffix _____
Is the father named on the birth certificate the biological father? Yes _____ No _____			
Has paternity been legally established? Yes _____ No _____ If yes, please state where and			
how: When? _____ Where? _____			
How? (check one) By marriage _____ In Court _____ Voluntary Acknowledgement _____			
Did the father sign the Affirmation of Parentage at Birth? Yes _____ No _____			
Have paternity/genetic tests been performed? Yes _____ No _____			
Has the father verbally acknowledged paternity? Yes _____ No _____ To whom? _____			
Does this child receive SSI or SSA? Yes _____ No _____			

CHILD(REN) INFORMATION			
Child's Name		Child's Non-Custodial Parent	
First _____	Middle _____	Last _____	Suffix _____
Date of Birth _____	Race _____	Sex _____	Social Security # _____
Relationship to you: Child _____ Other (specify) _____			
Birthplace: _____			
City	County	State	
Where was the child conceived? (City and State) _____			
Was the child born out of wedlock? Yes _____ No _____			
Father named on the child's birth certificate:			
First _____	Middle _____	Last _____	Suffix _____
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Does this child receive SSI or SSA? Yes _____ No _____			

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART 3: NON-CUSTODIAL PARENT INFORMATION**

NON-CUSTODIAL PARENT IDENTIFYING INFORMATION			
Non-Custodial Parent's name			
First _____	Middle _____	Last _____	Suffix _____
Maiden Name _____		Other names used _____	
Date of Birth _____	Race _____	Sex _____	Social Security # _____
Relationship to you? Spouse _____ Former Spouse _____ Other (specify) _____			
What is the separation or divorce date? _____			
Mailing Address: Is this address current _____ or last known _____?			
Street: _____			
City _____		County _____	State _____ Zip Code _____
Physical Address: Is this address current _____ or last known _____?			
Street: _____			
City _____		County _____	State _____ Zip Code _____
Home Phone: _____		Work Phone: _____	
Birthplace: _____			
	City	County	State
Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____
Identifying Marks: _____			
Driver's License:	Number: _____	State: _____	
Vehicle Make/Model/Year: _____			
License Plate: Number and State _____			
Usual Occupation: _____			
Father's name: _____		Address: _____	
Mother's name: (incl. maiden) _____		Address: _____	
Most recent Spouse's name (other than yourself): _____			
Marriage date: _____		Separation/Divorce Date: _____	

NON-CUSTODIAL PARENT'S INCOME INFORMATION													
Employer's name and address: _____ _____ _____	<p align="center">Income</p> <p align="center">List all sources in monthly gross amounts</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" style="width:60%;"><u>Amount</u></th> <th align="center"><u>Source</u></th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td align="right">Total</td> </tr> </tbody> </table>	<u>Amount</u>	<u>Source</u>	\$ _____	_____	_____	_____	_____	_____	_____	_____	\$ _____	Total
<u>Amount</u>	<u>Source</u>												
\$ _____	_____												
_____	_____												
_____	_____												
_____	_____												
\$ _____	Total												

Is the absent parent self-employed? Yes _____ No _____ Has the absent parent ever been employed by a Federal Government Agency? Yes _____ No _____ If yes, name of the agency: _____
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Federal Benefits? Yes _____ No _____ If yes, check all that apply: Social Security _____ VA _____ Railroad Retirement _____ Civil Service _____ Postal _____ Military _____ Retirement _____ Other _____	Unemployment? Yes _____ No _____ Other Income: Please list source and amt: _____
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**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART 4: NON-CUSTODIAL PARENT INFORMATION**

NON-CUSTODIAL PARENT MILITARY AND ARREST RECORD	
Military Service?	Yes ____ No ____ If yes, what branch? _____
	Active duty ____ Reserve ____ Separated ____ AWOL ____ Unknown ____
	Last know duty station: _____
	Currently in prison/jail? Yes ____ No ____
	Prison/Jail Name: _____ City _____ State _____
	Prior Arrest Record: Yes ____ No ____ If yes, when and where? _____
	Offense: _____ Convicted?: Yes ____ No ____ Conviction Type: Felony ____
	Misdemeanor ____ Date of Conviction? _____
	Is the non-custodial parent on probation/parole? Yes ____ No ____ Where? _____
	Name of Probation/Parole Officer: _____

SUPPORT ORDER INFORMATION
Do you already receive support? Yes ____ No ____
If yes, do you have a Court Order ____ or a Voluntary Agreement to Support ____? (check one)
Type(s) of support: Child Support ____ Medical Support ____ Spousal/Alimony ____
How is support paid? (check one) to the Clerk of Court ____ Directly to You ____
to Centralized Collections ____ to ____
Court docket # _____ Order Effective Date _____ County/State _____
Amount Ordered \$ _____ per _____ Amount of past due support _____
Children included in the order/agreement _____
You will need to provide a copy of the Support Order or Voluntary Support Agreement to the Moore County Child Support Enforcement Agency.

Use this space to tell us any additional information you think will help us get support for you.
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